

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493137012056

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	alendar year, or tax year beginning	07-01-2014 , and ending 06-30-20	15		
B Ch	eck ıf a	pplicable	C Name of organization ROGER WILLIAMS UNIVERSITY			D Employe	ridentification number
Add	ress ch	nange				05-0277	7222
∏ Na	me cha	nge	Doing business as				
┌ Init	al retu	rn				E Telephone	numher
Fin			Number and street (or P O box if ma One Old Ferry Road	Il is not delivered to street address) Room/	suite	· ·	
_		mınated	,			(401) 25	53-1040
•	ended		City or town, state or province, counting Bristol, RI 02809	ry, and ZIP or foreign postal code		G Gross rece	upts \$ 203,454,944
Apı	olication	n pending	,			4 01033 1000	.ipt3
			F Name and address of princ	ıpal officer	H(a) Is	— this a group re	
			Donald J Farish ONE OLD FERRY ROAD		su	bordinates?	┌ Yes ┌ No
			BRISTOL,RI 02809		H(b) Ar	e all subordina	tes
			<u> </u>		Inc	:luded?	
I Ta	x-exem	npt statu	s	sert no) 4947(a)(1) or 527	If'	"No," attach a	list (see instructions)
J W	ebsite	e:⊫ w\	ww rwu edu		H(c) G	roup exemptior	n number ►
K For	n of or	ganızatıo	n 🔽 Corporation 🗆 Trust 🗀 Association	Other 🕨	L Year of	f formation 1959	M State of legal domicile RI
Pa	rt I	Sur	mmary				
Governance		Roger V of large of their	er comprehensive universities and v unity	nt university that combines the university that combines the university that combines the university that combines the university that the univers	tion are enha	inced by their i	ntegration and recognition
	2 '	Check	this box 🛏 if the organization disc	continued its operations or disposed	d of more that	n 25% of its ne	et assets
Activities &	3	Numbe	r of voting members of the governin	g body (Part VI, line 1a)			3 25
ij	4	Numbe	r of independent voting members of	the governing body (Part VI, line 1	b)		4 22
Ę	5	Total n	umber of individuals employed in ca	alendar year 2014 (Part V, line 2a)		[5 3,630
Þ	6	Total n	umber of volunteers (estimate if ne	cessary)		· · L	6 236
	1			rt VIII, column (C), line 12			7a 273,485
	Ь	Net unr	related business taxable income fro	m Form 990-T, line 34			7b 0
		C t	mbutuan and amarks (Dant VIII bas	412		rior Year	Current Year
可	8			e 1h)		4,780,88	
Revenue	10			(A), lines 3, 4, and 7d)		3,126,85	-
歪	11		r revenue (Part VIII, column (A), lı		·	2,966,33	
	12	Total	l revenue—add lines 8 through 11 (must equal Part VIII, column (A), l			
						188,450,82	
	13			X, column (A), lines 1-3)		41,642,95	
	14			, column (A), line 4)			0 0
8	15	5-10		` <u> </u>	84,656,17	2 88,788,224	
Expenses	16a	Profe	essional fundraising fees (Part IX, c	olumn (A), line 11e)		ı	0
ੜੇ	b	Total 1	fundraising expenses (Part IX, column (D),	line 25) • 2,813,644			
	17	O the	r expenses (Part IX, column (A), lır	nes 11a-11d, 11f-24e)		61,434,76	7 60,973,785
	18	Total	l expenses Add lines 13–17 (must	equal Part IX, column (A), line 25)	ı	187,733,89	8 194,993,696
	19	Reve	nue less expenses Subtract line 1	8 from line 12		716,92	6 2,376,598
Not Assets or Fund Balances					Beginn	ing of Current Year	End of Year
100 Per 100 Pe	20	Tota	lassets (Part X. line 16)			293,109,00	0 287,651,038
5.5 5.0	21					167,065,00	
žĒ	22			ne 21 from line 20		126,044,00	
Unde my k	nowled	alties of dge and		nined this return, including accompa plete Declaration of preparer (other			
		Tk.				2046.05.45	
Sigr		Sigi	nature of officer			2016-05-13 Date	
Her		len	ome F Williams EVP for Finance & Administ	ration			
			pe or print name and title	··			
		··	Print/Type preparer's name	Preparer's signature		SHECK I II	ΓΙΝ
Paid	t	}	Firm's name			self-employed Firm's EIN ►	
Pre	pare	er					
Use	On	ly	Firm's address 🕨		F	Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Par		n ent of Program Serv i Schedule O contains a resp	ce Accomplishments onse or note to any line in the	nıs Part III	
1	Briefly describ	e the organization's mission			
See	Schedule O				
2	the prior Form 9			the year which were not listed on	
3	Did the organiz		nake significant changes in h	now it conducts, any program	
	If "Yes," descr	ibe these changes on Sched	ule O		
4	expenses Sect	tion 501(c)(3) and 501(c)(4		of its three largest program servio to report the amount of grants and ed	
4a	(Code) (Expenses \$	180,054,421 including grants	s of \$ 45,231,687) (Revenue :	\$ 186,164,958)
	in the liberal arts Gabelli School of School of Continu certificate prograi academic, reside than 40 U S stat	and the professions that includes Business, the School of Education, Jing Studies The University offers ms The University is accredited by Intial and other services to a divers	the Feinstein College of Arts and So the School of Engineering, Compu more than 40 majors of undergrad the New England Association of So e student population predominately buntries Enrollment for fiscal year	Providence, Rhode Island, is a private, coeciences, the School of Architecture, Art and ting and Construction Management, the Suate study and 13 graduate degrees, alor chools and Colleges among other accredity drawn from the Northeast region of the 2015 was approximately 3,955 full-time a	I Historic Preservation, the Mario J ichool of Justice Studies and the ing with numerous minors and ing bodies The University provides United States, as well as from more
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)
	-				
	-				
	-				
4 c	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)
	-				
	-				
4d	Other progran (Expenses \$	n services (Describe in Sche 0 inc	edule O) luding grants of \$	0)(Revenue \$	0)
4e	Total program	service expenses 🕨	180,054,421		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 🥵	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	,		
_		28a		No_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 322 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		
	Form 1098-C?	7h	Yes	
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
)a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
_	Enter the amount of recorves on hand	l l		
	Enter the amount of reserves on hand	 14a		No

►Jerome F Williams One Old Ferry Road

Bristol, RI 02809 (401) 254-3536

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
		6		
	Did the organization have members or stockholders?	-		N o
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		Yes	
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990		Yes	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a	Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes Yes Yes	
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13	Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2014)	
-----------------	--

)	a	g	e	7
---	---	---	---	---

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					•	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	2,733,786	33,225	405,302

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►183

			Yes	NO		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,				
	on the factor respectively for such marviaga.	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Bon Appetit Management Company 100 Hamilton Avenue Palo Alto, CA 94301	Dining Services/Food Costs	6,003,550
Behan Brothers 975 Aquidneck Ave Middletown, RI 02842	Construction	1,861,050
DaPonte's Landscaping Services 700 Wood Street Bristol, RI 02809	Landscaping/Construction	653,391
TRAC Builders Inc 28 Wolcott Street Providence, RI 02908	Construction	1,019,228
Chapel Building Corporation 33 Veterans Memorial Pkwy East Providence, RI 02914	Construction	726,136
2 Total number of independent contractors (including but not limited to thos	e listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \\$80

Part VIII		Statement of						
		Check if Schedul	e O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated campa	aigns 1a	0				
unts unt	ь	Membership due	s 1b	0				
9 E	c	Fundraising ever	nts 1c	8,104				
Ę.	d	Related organiza						
<u>≓</u> ≘		Government grants (2,953,922				
ıns, Sin	е					ļ		
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution similar amounts not		2,175,703				
혈	g	Noncash contribution 1a-1f \$	ns included in lines	39,542	İ	į		İ
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	1a-1f		5,137,729			
<u> </u>				Business Code				
E	2a	Tuition		611310	128,732,739	128,732,739	0	0
ez ez	ь	Room and Board		611310	44,121,204	44,121,204	0	0
ъ Н	c	Student Fees		611310	8,909,786	8,909,786	0	0
ž ž	d	Student Club Fees		611310	1,197,168	1,197,168	0	0
Program Serwce Revenue	e	_	-					
@rar	f	All other progran	n service revenue		1,213,582	1,213,582	0	0
Š	g	Total. Add lines	2a-2f		184,174,479			
	3		me (ıncludıng dıvıden	+			127.000	60.752
	۱.		ramounts) ment of tax-exempt bond		207,722	0	137,969	69,753
	4 5			`	0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents	0	0				
	ь	Less rental expenses	0	0				
	c	Rental income	0	0				
	d	or (loss) Net rental incom	e or (loss)		0	О	0	О
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	10,204,528	0				
	ь	Less cost or other basis and	5,838,011	184,500				
	c	sales expenses Gain or (loss)	4,366,517	-184,500				
	d	Net gain or (loss)		4,182,017	О	О	4,182,017
Other Revenue	8a	Gross income fro events (not inclu \$	iding 04 reported on line 1c) 18					
ner	Ь	Less direct expe	a enses b	125,722 62,139				
₹	c		oss) from fundraising		63,583		0	63,583
	9a	Gross income fro See Part IV, line	om gaming activities					
	ь	Less direct expe		0				
	c		oss) from gaming acti		0	0	0	0
	10a	Gross sales of in returns and allow		0				
	ь	Less cost of goo	ods sold b	0				
	С		oss) from sales of inv	entory 🛌	0	0	0	0
		Miscellaneous	Revenue	Business Code				
	11a	Conferences		900099	1,478,368	0	0	1,478,368
	Ь	Justice Training		900099	488,422	488,422	0	0
	С	Bookstore Comm		900099	282,875	282,875	0	0
	d	All other revenue		<u> </u>	1,354,698	1,219,182	135,516	0
	e	Total. Add lines		• • • •	3,604,363			
	12	Total revenue. S	ee Instructions .	►	197,370,294	186,164,958	273,485	5,794,122

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu

	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	43,641,965	43,641,965		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,589,722	1,589,722		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,689,821	632,735	745,948	311,138
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	65,156,276	58,212,169	5,769,592	1,174,515
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,140,090	3,644,539	403,538	92,013
9	Other employee benefits	12,972,239	11,419,517	1,264,414	288,308
10	Payroll taxes	4,829,798	4,251,692	470,764	107,342
11	Fees for services (non-employees)	, , , , , , , , , , , , , , , , , , , ,	, , ,	<u> </u>	,
а	Management	165,392	7,000	158,392	0
b	Legal	112,291	0	112,291	0
c	Accounting	140,765	0	140,765	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0		-	0
f	Investment management fees	508,034	0	508,034	0
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,241,779	11,284,602	774,811	182,366
12	Advertising and promotion	766,674	680,399	85,266	1,009
13	Office expenses	3,041,940	2,575,707	213,318	252,915
14	Information technology	2,036,628	1,230,688	802,989	2,951
15	Royalties	4,156	4,156	512,512	_,
16	Occupancy	8,996,549	8,589,647	406,902	
17	Travel	1,496,454	1,360,410	84,074	51,970
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,430,434	1,300,410	04,074	0
19	Conferences, conventions, and meetings	950,700	843,205	99,080	8,415
20	Interest	5,129,004	5,129,004	0	0,115
21	Payments to affiliates	0	0	0	0
 22	Depreciation, depletion, and amortization	12,024,420	12,024,420	0	0
 23	Insurance	1,190,832	1,190,832	0	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	_,	_,	, , ,	<u> </u>
а	Loss on Debt Defeasance	1,573,142	1,573,142	0	0
b	Study Abroad	4,165,949	4,165,949	0	0
C	Student Expense	2,562,200	2,501,567	60,633	0
d	Library Materials	1,220,122	1,220,122	0	0
е	All other expenses	2,646,754	2,281,232	24,820	340,702
25	Total functional expenses. Add lines 1 through 24e	194,993,696	180,054,421	12,125,631	2,813,644
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line i	n this Part X	1		· · · · <u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1,048,000	1	2,192,981
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		1,772,000	3	1,299,166
	4	Accounts receivable, net		5,819,000	4	6,379,845
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	, dırectors, trustees, key Part II of	0	5	0
ts	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	n		0	
Assets	, ,	Nahaa and laana waaayyahla mah		0	<u> </u>	
A S	7	Notes and loans receivable, net			-	
	8	Inventories for sale or use		149,000	<u> </u>	159,851
	9	Prepaid expenses and deferred charges		794,000	9	966,187
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 363,547,96	4		
	Ь	Less accumulated depreciation	10b 158,639,23	3 206,129,000	10c	204,908,736
	11	Investments—publicly traded securities		20,306,000	11	20,905,419
	12	Investments—other securities See Part IV, line 11		51,564,000	12	47,984,642
	13	Investments—program-related See Part IV, line 11	0	13		
	14	Intangible assets	0	14		
	15	Other assets See Part IV, line 11		5,528,000	15	2,854,211
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		293,109,000	16	287,651,038
	17	Accounts payable and accrued expenses		10,407,000	17	8,942,357
	18	Grants payable		0	18	0
	19	Deferred revenue		13,543,000	19	14,621,369
	20	Tax-exempt bond liabilities		121,327,000	20	115,771,856
	21	Escrow or custodial account liability Complete Part IV of Sc		0	21	0
lities	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquare	ctors, trustees,			
Liabilit		persons Complete Part II of Schedule L		0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third part		5,690,000		5,313,699
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F				
		D		16,098,000	25	19,233,834
	26	Total liabilities. Add lines 17 through 25		167,065,000	26	163,883,115
s e		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	and complete			
ğ	27	Unrestricted net assets	110,503,000	27	110,217,919	
Fund Balance	28	Temporarily restricted net assets	8,136,000	28	5,931,243	
Ë	29	Permanently restricted net assets	7,405,000	29	7,618,761	
5		Organizations that do not follow SFAS 117 (ASC 958), check	here ► □ and			
<u> </u>		complete lines 30 through 34.	'			
Š	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
AS	32	Retained earnings, endowment, accumulated income, or othe	r funds		32	
Net	33	Total net assets or fund balances		126,044,000	33	123,767,923
Ź	34	Total liabilities and net assets/fund balances		293,109,000	-	287,651,038
	<u>ı</u>	. I I I I I I I I I I I I I I I I I I I	<u> </u>	1 200,100,000	J-7	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				.
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		197,3	370,294
2	Total expenses (must equal Part IX, column (A), line 25)	2		194,9	993,696
3	Revenue less expenses Subtract line 2 from line 1	3		2.3	376,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			20,640
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			67,965
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		123,7	67,923
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: 14000267 **Software Version:** v1.00

EIN: 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee				related organizations
(1) Timothy E Baxter Trustee	1 0	х						0	0	0
(1) Richard L Bready	1	х						0	0	0
Trustee - Chairman (2) Joseph M Brito Jr	1 0	х						0	0	0
Trustee (3) Rodney A Butler	1	х						0	0	0
Trustee (4) Gary R Chapman	1	х						0	0	0
Trustee (5) Richard Field	0 1	X						0	0	0
Trustee (6) Linn F Freedman	0 1									
Trustee (7) Mano J Gabellı	1 1	X						0	0	0
Trustee (8) Denise M Jenkins	0	Х						0	0	0
Trustee - Vice Chair	0	х						0	0	0
(9) Jerrold L Lavine Treasuer	0	х		х				0	0	0
(10) Mark Mandell Trustee	1 1	×						0	0	0
(11) Marcia Morris Trustee	1 0	х						0	0	0
(12) Samı Nacaroglu Trustee	1 0	х						0	0	0
(13) Patrıcıa Noonan	1	х						0	0	0
Trustee (14) Helen Ostrowskı	0 1	х						0	0	0
Trustee (15) Scott Pray	0 1	X						0	0	0
Trustee (16) Frank Rainieri Jr	0 1	x						0	0	0
Trustee (17) Todd Rechler	0 1									
Trustee (18) Warren Sımmons	0	X						0	0	0
Trustee	0	Х						0	0	0
(19) William Smith Trustee	5	х						0	27,225	0
(20) Robert Stoico Trustee	1 0	х						0	0	0
(21) Arlene Violet Trustee	1 0	х						0	0	0
(22) Joseph D Whelan	1	х						0	6,000	0
Trustee (23) Timothy Yeaton	1	х						0	0	0
Trustee - Vice Chair (24) Donald J Farish	35	x		х				401,095	0	128,044
Trustee & President	5			<u> </u>				101,055		120,077

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke} emplojea	Highest compensated employee	Former	2,2033200,	2,2033200,	related organizations
(26) Robert H Avery	40			х				229,890	0	32,266
(1) Jerome F Williams Executive VP for Finance and Administration	35			х				235,292	0	35,109
(2) Catherine Capolupo Vice President for Enrollment Management	40				х			191,041	0	15,533
(3) John King Vice President for Student Affairs	40				х			186,240	0	29,833
(4) Lisa J Raiola Vice President of Institutional Advancement	40				х			190,809	0	29,039
(5) Andrew Workman Provost and Senior Vice President for Academic Affairs	40				х			255,453	0	34,251
(6) Barbara S Poole Former Associate Professor	40					х		324,192	0	0
(7) Robert A Potter Dean of School of Engineering Computing & Construction Management	40					х		183,491	0	29,528
(8) Michael R Melton Professor of Finance & Director of Center for Advanced Financial Education	40					х		182,057	0	29,004
(9) Robert A Cole Vice Provost	40					х		178,569	0	27,874
(10) Christopher M Neronha	40					х		175,657	0	14,821
Former Assoc Gen Counsel & Exec Dir Of Risk Mgmt	0	<u> </u>								

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137012056

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 Peacon for Public Charity Status (All organizations must complete this part.) See instructions

FGII				tatus (Ali Organiza		· · · · · · · · · · · · · · · · · · ·		7113.				
he o	rganız	zation is not a private fo		•	- '	•	•					
1	Г	A church, convention	of churches, o	r association of churcl	nes described i	n section 170(b)(1)(A)(i).					
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	lescribed in sec	tion 170(b)(1)(A)(iii).					
4	Γ	A medical research or	ganızatıon ope	rated in conjunction w	uth a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the				
	_	hospital's name, city,										
5	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,,,,											
	_	section 170(b)(1)(A)(
6		A federal, state, or loc	al government	or governmental unit	described in se	ection 170(b)(1)(A)(v).					
7 8	Г Г	An organization that n described in section 1 A community trust des	70(b)(1)(A)(v	i). (Complete Part II)	_	ental unit or from the g	general public				
9	<u>'</u>	An organization that n					hutions membershin	fees and aross				
,	'	receipts from activitie										
		its support from gross										
		acquired by the organi						Dusillesses				
10	_	An organization organi										
10 11	<u>'</u>		•	•	*	•		ut the nurnesse of				
a b	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.											
c	\sqcap	Type III functionally i			n operated ın c	onnection with	, and functionally integ	grated with, its				
_	_	supported organization										
d	ı	Type III non-function										
		not functionally integral (see instructions) You					ement and an attentiv	eness requirement				
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally				
		ıntegrated, or Type III					, , , .	,				
f		Enter the number of su	ipported organ	izations								
g		Provide the following in	nformation abo	out the supported orga	nızatıon(s)							
				= -								
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in your governing monetary support other sup		(vi) A mount of other support (see instructions)					
			l	madactiona))	Yes	No						
					1 63	140						
otal												

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year							
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in							
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	nured)							
6 Other distributions (describe in Part VI) See instru	ICTIONS							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide						
9 Distributable amount for 2014 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014					
1 Distributable amount for 2014 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2014								
a From 2009								
b From 2010								
c From 2011								
d From 2012								
e From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2014 from Section D, line 7 \$								
Applied to underdistributions of prior years								
b Applied to 2014 distributable amount			1					
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2015. Add lines 31 and 4c								
8 Breakdown of line 7								
a From 2010								
b From 2011								
c From 2012								
d From 2013								

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137012056

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Supplemental Financial Statements

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization		Employer identification number
KU(GER WILLIAMS UNIVERSITY		05-0277222
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No
	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
a	tt III Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education) Preservation of an	historically important land area certified historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in t	he form of a conservation
	The same of the last day of the tax year	1	Held at the End of the Year
3	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified histo	oric structure included in (a)	2c
l	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization during
	the tax year -		
	Number of states where property subject to conservati	ion eacement is located	
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		 dling of violations, and \[\begin{align*}\textbf{Yes} & \begin{align*}\textbf{No}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Staff and volunteer hours devoted to monitoring, insper	cting, and enforcing conservation easen	nents during the year
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year
	► \$		
	Does each conservation easement reported on line $2(a)$ and section $170(h)(4)(B)(H)$?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
ali	Complete if the organization answered "Y		or Other Similar Assets.
1	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue stands for public exhibition, education, of	statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		- \$
	If the organization received or held works of art, historical following amounts required to be reported under SFAS		
1	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990. Part X		▶ \$

Part	•••• Organizations Maintaining Co	<u>llections of Art,</u>	<u>, His</u>	storic	<u>al Treas</u>	ures, or Ot	her:	<u>Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	heck ar	ny of the fo	llowing that ai	e a s	ignificant use	ofits	
а	Public exhibition		d	Г	Loan or ex	change progra	ms			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın hov	w they	further the	organization's	exer	mpt purpose	ın	
5	During the year, did the organization solicit							ar	_	_
	assets to be sold to raise funds rather than t							"	┌ Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answered	ryes	s" to Form S	, 90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ıan or other ınterme	dıary	for co	ntrıbutıons	or other asse	ts no		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing ta	ble	_				
								An	nount	
С	Beginning balance					<u> :</u>	Lc			
d	Additions during the year					<u>_1</u>	Ld			
е	Distributions during the year					1	le			
f	Ending balance					_ :	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for esc	row or cus	todial accoun	t lıabı	lity?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatıor	n has been	provided in Pa	art XI	II		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior yea		Two years back	(d) Thr		(e)Four	years back
1a	Beginning of year balance	71,652,716			31,000	59,165,000		64,994,500		58,560,500
Ь	Contributions	396,495		1	.3,000	408,000		237,000		134,000
С	Net investment earnings, gains, and losses	159,843		11,06	1,009	7,789,183		-1,737,754		11,494,065
d	Grants or scholarships	205,689		16	2,000	139,000		170,000		113,000
e	Other expenditures for facilities and programs	2,804,978		2,80	5,000	2,650,000		3,679,500		4,685,000
f	Administrative expenses	508,034		48	5,009	542,183		479,246		396,065
g	End of year balance	68,690,353		71,65	3,000	64,031,000		59,165,000		64,994,500
2	Provide the estimated percentage of the cur	ent year end balanc	e (lır	ne 1g, d	column (a)) held as				
а	Board designated or quasi-endowment ►	84 %								
b	Permanent endowment ► 11 %									
c	Temporarily restricted endowment ► 5 The percentages in lines 2a, 2b, and 2c sho	5 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that ar	e held and	administered	for th	е		
	organization by								Yes	
	(i) unrelated organizations							3a(• •	No
L	(ii) related organizations						•	3a(No
ь 4	Describe in Part XIII the intended uses of the	•						3	<u> </u>	
	t VI Land, Buildings, and Equipme					swered 'Yes'	to Fo	orm 990. Pa	art IV.	 line
	11a. See Form 990, Part X, line									
	Description of property				ost or other investment)	(b)Cost or oth basis (other)		c) Accumulated depreciation	(d) B	Book value
1a	Land				0	3,712,:	188			3,712,188
b	Buildings				0	277,298,	721	90,996,493	3 1	186,302,228
c	Leasehold improvements				0	3,497,3	372	2,650,123	3	847,249
d	Equipment				0	79,039,6	588	64,992,617	7	14,047,071
					C	1	0		0	0
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	(, colu	umn (B)), line 10(c)).)		▶	2	204,908,736
								Schedule [) (Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Coot or one or year manner range
(2)Closely-held equity interests		
(3)Other (A) Hedged Equity - Develped and Emerging	26,525,019	F
(B) Domestic and International Equities	10,510,138	F
(C) Fixed Income Securities	7,070,456	F
(D) Private Equity	3,879,029	
. ,	-,,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	47,984,642	
Part VIII Investments—Program Related. Cor See Form 990, Part X, line 13.	nplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of the or year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	lanswered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0.500.000	
Line of Credit Asset Retirement O bligations	8,500,000 4,689,006	
Interest Rate Swap Obligations	2,421,379	
Refundable Advances - U S Government Grants	1,957,774	
Obligations Under Capital Leases	218,743	
Charitable Annuity Obligations Other Miscellaneous Long Term Liabilities	151,087 1,295,845	
The state of the s	2,230,013	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	19,233,834	

	dule D (Form 990) 2014					Page 4
Pai	Reconciliation of Revenue per Audited Financial Stat		nts Wi	th Revenue	per F	Return Complete If
1	the organization answered 'Yes' to Form 990, Part IV, line 1 Total revenue, gains, and other support per audited financial statements				1	145,652,042
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					, ,
_ а	Net unrealized gains (losses) on investments	2a		-4,720,640	,	
ь	Donated services and use of facilities	2b		· · · · · ·	5	
c	Recoveries of prior year grants	2c		(5	
d	Other (Describe in Part XIII)	2d		-46,674,078	3	
e	Add lines 2a through 2d	<u> </u>			2e	-51,394,718
3	Subtract line 2e from line 1				3	197,046,760
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		508,034	,	
b	Other (Describe in Part XIII)..............	4b		-184,500	5	
_	Add lines 4a and 4b				4c	323,534
C						
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	197,370,294
5	Reconciliation of Expenses per Audited Financial Sta	12)	ents W			
5 Par	Reconciliation of Expenses per Audited Financial Sta if the organization answered 'Yes' to Form 990, Part IV, line	12) I teme 12a.	ents W		s per	Return. Complete
5 Par 1	Reconciliation of Expenses per Audited Financial Start the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements	12) I teme 12a.	ents W			
5 Par	Reconciliation of Expenses per Audited Financial Start if the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	12) i teme : 12a.	ents W	ith Expense	s per	Return. Complete
5 Par 1 2 a	Reconciliation of Expenses per Audited Financial Start if the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) Iteme : 12a. 	ents W	fith Expense	1	Return. Complete
5 Par 1	Reconciliation of Expenses per Audited Financial Stars if the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements	12) i teme : 12a.	ents W	fith Expense	s per	Return. Complete
5 Par 1 2 a	Reconciliation of Expenses per Audited Financial Start if the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) Iteme : 12a. 	ents W	fith Expense	1 0 0	Return. Complete
5 Par 1 2 a b	Reconciliation of Expenses per Audited Financial Start If the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 1teme 12a. 2a 2b	ents W	fith Expense	1 0 0	Return. Complete 147,927,472
5 Par 1 2 a b	Reconciliation of Expenses per Audited Financial Start if the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 1teme 12a. 2a 2b 2c	ents W	fith Expense	1 0 0	Return. Complete
5 Par 1 2 a b c	Reconciliation of Expenses per Audited Financial Start If the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 12a. 2a 2b 2c 2d	ents W	fith Expense	1 0 0 0 0	Return. Complete 147,927,472
5 Par 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Start if the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 12a. 2a 2b 2c 2d	ents W	fith Expense	1 0 0 0 0 0 9 2e	Return. Complete 147,927,472
5 Pair 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Start If the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 12a. 2a 2b 2c 2d	ents W	fith Expense	1 0 0 0 0 9 2e 3	Return. Complete 147,927,472
Pari 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Start the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 12a. 12a. 2b 2c 2d	ents W	246,63	1 0 0 0 0 0 9 2e 3	Return. Complete 147,927,472
5 Par 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Start If the organization answered 'Yes' to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	12) 1teme 12a. 2a 2b 2c 2d	ents W	246,63 	1 0 0 0 0 0 9 2e 3	Return. Complete 147,927,472

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part V, Line 4	The intended use of the restricted endowment funds are dictated by the donor which are predominantly for instructional purposes and scholarships. Earnings from unrestricted endowment funds are used for operations according to the spending policy established by the University's Board of Trustees.
Schedule D, Part X, Line 2	The University accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The University has identified its tax status as a tax exempt entity as its only significant tax position, however, the University has determined that such tax position does not result in an uncertainty requiring recognition. The University is not currently under examination by any taxing jurisdictions. The University's federal tax return is generally open for examination for three years following the date filed.
Schedule D, Part XI, Line 2d	Scholarships and grants provided to students of (\$45,231,687) and loss on defeasance of long-term debt (\$1,573,142) are presented as a contra-revenue item in the audited financial statements and as an expense in the Form 990 Change in fair value of interest rate swaps of \$81,701 and change in value of split-interest agreements of (\$13,089) are presented as contra-revenue items in the audited financial statements and as other adjustments to reconcile the change in net assets in the Form 990 Fundraising event expenses of \$62,139 is shown as expense in the audited financial statements and as contra-revenue items on the Form 990
Schedule D, Part XI, Line 4b	Loss on disposal of property and equipment of (\$184,500) are shown as expense items in the audited financial statements and as contra-revenue items on the Form 990
Schedule D, Part XII, Line 2d	Fundraising event expenses of (\$62,139) and loss on disposal of property and equipment of (\$184,500) are shown as expense items in the audited financial statements and as contra-revenue items on the Form 990
Schedule D, Part XII, Line 4b	Scholarships and grants provided to students of $$45,231,687$, loss on defeasance of long-term debt of $$1,573,142$ are presented as contra revenue items in the audited financial statements and as an expense on the Form 990

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137012056

OMB No 1545-0047

Department of the Treasury

SCHEDULE E

(Form 990 or 990-EZ)

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Schools

Open to Public Inspection

Internal Revenue Service

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to Νo a Students' rights or privileges? 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II

h Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a

Νo

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3	The University annually publishes a notice of its racially nondiscriminatory policy in a new spaper of general circulation that serves all racial segments of the community. Also the University's non-discrimination policy is available on its website at http://www.edu/site-policies/non-discrimination-policy.
Schedule E, Part I, Line 6	The University receives federal and state student financial aid authorized by student loan programs

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137012056

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ROGER WILLIAMS UNIVERSI	TY			Employer ident	ification number
				05-0277222	
	mation on Activitie 90, Part IV, line 14b.		ne United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Doe and other assistance, used to award the gran	the grantees' eligibili	ty for the gran	its or assistance, and	the selection criteria	✓ Yes
2 For grantmakers. Des assistance outside the		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3 Activites per Region (Th	ne following Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation s to Part I c Totals (add lines 3a and		0			16,363,350
	· · · · · · · · · · · · · · · · · · ·				

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	3		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total nun	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if additio	nal space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Scholarships to students	Europe (including Iceland and Greenland)	190		N/A		Tuition Offset	FMV
(2) Scholarships to students	East Asia and the Pacific	37	0	N/A	250,951	Tuition Offset	FMV
(3) Scholarships to students	Central America and the Caribbean	1	0	N/A	7,150	Tuition Offset	FMV
(4) Scholarships to students	Sub-Saharan Afrıca	3	0	N/A	18,175	Tuition Offset	FMV
(5) Scholarships to students	North America (including Canada and Mexico, but not the United States)	4	0	N/A	30,575	Tuition Offset	FMV
(6)	,						
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	F	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	্ব	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	V	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	احا	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	্ব	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Г	Yes	굣	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	The University monitors all grants outside the United States by directly applying the gran t to the student's account to cover a portion of the student's tuition in accordance with standard financial aid policies and procedures

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	Study abroad is an opportunity for students to continue the Roger Williams University educ ation while living in another country. Study abroad is not merely a travel experience, but an academic experience (first and foremost) in an international setting. The study abroad programs are separately tracked in the University's general ledger system by activity and the amounts reported represent direct spending in foreign countries for tuition payments, lodging, travel and incidentals for students and faculty liaisons. The admissions recruit ing and fundraising amounts are tracked primarily using the University's credit card system and represent travel, meals, and lodging costs for University employees conducting busin ess in these regions. All expenses are under the accrual method of accounting

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Grantmakıng		1,282,871
East Asia and the Pacific	0	0	Grantmakıng		250,951
Central America and the Caribbean	0	0	Grantmakıng		7,150

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside T</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmakıng		18,175
North America (including Canada and Mexico, but not the United States)	0	0	Grantmaking		30,575
Central America and the Caribbean	0	0	Investments		14,356,177

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Bus Travel/Study Abroad	82,297
East Asia and the Pacific	0	0	Program Services	Bus Travel/Study Abroad	26,282
Europe (including Iceland and Greenland)	0	0	Program Services	Bus Travel/Study Abroad	214,368

Form 990 Schedule F F	Part I - Activit	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Bus Travel/Study Abroad	39,469
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Bus Travel/Study Abroad	20,809
South America	0	0	Program Services	Bus Travel/Study Abroad	34,226

DLN: 93493137012056

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ROGER WILLIAMS UNIVERS	ITV	•		·		Employer ider	ntification number
ROGER WILLIAMS UNIVERS	111					05-0277222	
	tivities. Complete uired to complete th		ganızatıo	n answered "Yes" to	o Form 9	990, Part IV,	line 17. Form 990-EZ
1 Indicate whether the org	janization raised funds	through a	ny of the 1	following activities Che	eck all th	at apply	
a Mail solicitations			е	Solicitation of nor	n-governr	nent grants	
b Internet and email s	olicitations		f	Solicitation of gov	vernment	grants	
c Phone solicitations			g	Special fundraisin	ng events		
d In-person solicitation	ons						
2a Did the organization hav or key employees listed							Г _{Yes} Г _{No}
b If "Yes," list the ten high to be compensated at le			fundraıse	rs) pursuant to agreem	ents unde	er which the fu	ndraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			.▶				
3 List all states in which the registration or licensing	ne organization is regis	tered or lı	censed to	solicit contributions o	r has bee	n notified it is	exempt from

Sche	dule	e G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribution			
			(a) Event #1 Golf Tournament	(b) Event #2 Alumni & Senior Dinner	(c) O ther events 1 (total number)	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
暑	1	Gross receipts	73,966	11,000	48,860	133,826
Revenue	2	Less Contributions	0	2,000	6,104	8,104
<u> </u>	3	Gross income (line 1 minus line 2)	73,966	9,000	42,756	125,722
	4	Cash prizes	0	0	0	0
en.	5	Noncash prizes	0	0	0	o
Expenses	6	Rent/facility costs	23,068	690	4,755	28,513
ă	7	Food and beverages .	0	6,729	10,328	17,057
Direct	8	Entertainment	0	0	0	0
ā	9	Other direct expenses .	12,649	641	3,279	16,569
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•	(62,139)
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)		63,583
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		Yes" to Form 990, Pa	rt IV, lıne 19, or repo	rted more than
Revenue		410,000 cm cmm 330 LL, m	(a) Bingo	(b) Pull tabs/Instant pingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
enses	2	Cash prizes				
ğen Ted	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
즈	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г Nо	┌ Yes %	☐ Yes % No	
	7	Direct expense summary Add line	s 2 through 5 in column (d	1)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	lumn (d)		
9	Fnt	ter the state(s) in which the organize	ation conducts gaming act	rivities		
a b	Is	the organization licensed to conduct 'No," explain	t gamıng actıvıtıes ın each	of these states?		. 「Yes 「No
10a b		re any of the organization's gaming	licenses revoked, suspen	ded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3					
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity							
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No					
13	Indicate the percentage of gaming acti		1 1	,						
а	The organization's facility		13a		%					
b	An outside facility				%					
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records							
	Name ▶									
	Address ►									
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming							
154				┌ Yes 「	– _{No}					
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the							
С	If "Yes," enter name and address of the	e third party								
	Name ►									
	Address 🏲									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation 🕨 \$		······							
	Description of services provided									
	Director/officer	_ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to							
	retain the state gaming license?	etain the state gaming license?								
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent							
	ın the organization's own exempt activi		·							
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137012056 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number ROGER WILLIAMS UNIVERSITY 05-0277222 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to students	3507	0	43,641,965		Reduction to student account balance for tuition owed to the University

Part IV Supplemental Ir	Iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
, ,	The University's Office of Financial Aid monitors all recipients of scholarship awards to determine both initial and confirming eligibility based on the criteria for each type of award, which may include academic performance, financial need, and criteria established by donors of endowed scholarship funds, etc

Schedule I (Form 990) 2014

DLN: 93493137012056

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ROGER WILLIAMS UNIVERSITY

Employer identification number

05-0277222

Pa	rt I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization provided part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> - - - - - - - - - -</u>	Health or social club dues or initiation fees			
	Discretionary spending account	ᅜ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
					165	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at appl	y Do not check any boxes for methods			
	Compensation committee	I✓	Written employment contract			
	✓ Independent compensation consultant	<u> - - - - - - - </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	Regula	itions section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section $534958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of				(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any addit	ional information
Return Reference	Explanation
Schedule J, Part I, Line 1a	Housing Allowance - A residence on the employer's premises is used for both University business functions and as a personal residence by the President for the convenience of the employer and is treated as nontaxable compensation. The value of the personal space within the residence is included as a nontaxable benefit on Schedule J. Health or social club dues - The University paid social club membership dues for the President. Since the use of the memberships were for business purposes it was not treated as taxable compensation. Personal Services - The University regularly cleans the President's residence and the value of the maintenance of the personal space is taxed accordingly.
Schedule J, Part I, Line 4	The President of Roger Williams University participated in a University 457(f) plan and \$25,000 was accrued under the plan in calendar year 2014
Schedule J, Part I, Line 7	For University non-aligned employees, merit based compensation may be granted as either a base salary increase or a one-time bonus. Qualifications for receiving a bonus include performance exceeding expectations or taking on additional duties due to staff vacancies or temporary absences. For the compensation of the University's President, the bonus amount (if any) is determined by an employment agreement along with a review and approval of the Executive Committee of the Board of Trustees, who are all independent of the President. In the case of all other officers and other key employees, the bonus amount (if any) is determined via the same process as other compensation for officers and other key employees, including review by the University's President, who is independent of the other officers or key employees.

Schedule J (Form 990) 2014

Additional Data

(A) Name and Title

Software ID: 14000267

Software Version: v1.00

EIN: 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(B) Breakdown of W-2 and/or 1099-MISC compensation

(,)	С	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
Donald J Farish, Director & President	(1) (11)	401,095	0	0	70,800 0	57,244 0	529,139 0	0
Jerome F Williams, Executive VP for Finance and Administration	(1) (11)	235,292 0	0	0	19,054 0	16,055 0	270,401 0	0
Robert H Avery, Secretary, Senior Vice President and General Counsel	(I) (II)	229,890 0	0	0	18,611 0	13,655 0	262,156 0	0
Catherine Capolupo, Vice President for Enrollment Management	(1) (11)	191,041 0	0	0	14,954 0	579 0	206,574 0	0
John King, Vice President for Student Affairs	(I) (II)	186,240 0	0	0	15,216 0	14,617 0	216,073 0	0
Lisa J Raiola, Vice President of Institutional Advancement	(I) (II)	189,309 0	1,500 0	0	15,384 0	13,655 0	219,848 0	0
Andrew Workman, Provost and Senior Vice President for Academic Affairs	(1) (11)	255,453 0	0	0	20,596 0	13,655 0	289,704 0	0
Robert A Potter, Dean of School of Engineering Computing & Construction Management	(1)	183,491 0	0	0	14,986 0	14,542 0	213,019	0
Michael R Melton, Professor of Finance & Director of Center for Advanced Financial Education	(1)	182,057 0	0	0	13,933 0	15,071 0	211,061	0
Robert A Cole, Vice Provost	(I) (II)	178,569 0	0	0	14,294 0	13,580	206,443	0
Christopher M Neronha, Former Assoc Gen Counsel & Exec Dir Of Risk Mgmt	(1) (11)	175,657 0	0	0	14,317 0	504 0	190,478 0	0
Barbara S Poole, Former Associate Professor	(1) (11)	0	0	324,192 0	0	0	324,192 0	0

(C) Retirement and

(D) Nontaxable

(E) Total of columns

(F) Compensation in

DLN: 93493137012056

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

ROGER WILLIAMS UNIVERSITY

Employer identification number

KUG	SER WILLIAMS UNIVERSITY									05	-02772	22			
Pa	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descriptio	n of purpose	(g) De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	RIHEBC 2008A	52-1300173	762197CK5	07-03-2008	22,93	35,000	Retir	re 2006A Bo	nds		Х		X		Х
В	RIHEBC 2008B	52-1300173	762197CM1	08-28-2008	38,00	00,000	Cons	struction			Х		Х		Х
c_	RIHEBC 2011A	52-1300173		06-02-2011	26,41	10,000	Refu	ınd 1998 Bor	nds		Х		Х		Х
D_	RIHEBC 2011B	52-1300173		11-08-2011	12,02	25,000	Refu	ınd 2000 Bor	nds		Х		х		Х
Pa	rt III Proceeds														
	A manager of the section of				<i>_</i>	Α			3		С			D	
1	A mount of bonds retired						0		0			0			0
	A mount of bonds legally defe	ased					0		0			0			0
3	Total proceeds of issue					22,935,0	000	;				26,410,000			,025,000
4	Gross proceeds in reserve fu						0		0			0			0
5	<u>'</u>	ıtalızed ınterest from proceeds				0		0			0			0	
6	Proceeds in refunding escrov					22,532,6	642		0		25,879,219		11	,788,293	
7	Issuance costs from proceed					276,2	243		488,608		23	7,781			236,707
8	Credit enhancement from pro						0		0			0			0
9	Working capital expenditures	from proceeds					0		0			0			0
10	Capital expenditures from pr	oceeds				126,	115	:	37,511,392			0			0
11	Other spent proceeds						0		0		29	3,000			0
12	O ther unspent proceeds						0		0			0			0
13	Year of substantial completion	on			20	09		20	10	2	012			2012	
					Yes	No		Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as pa	rt of a current refund	ing issue?		×				Х	X			Χ		
15	Were the bonds issued as pa	rt of an advance refu	ndıng ıssue?			Х			X		;	×			Χ
16	Has the final allocation of pro	oceeds been made?			Х			Х		Х			Х		
17	Does the organization maintal allocation of proceeds?	aın adequate books a	nd records to supp	ort the final	×			х		Х			Х		
Par	TITTE Private Business	Use													
						A			3		<u>C</u>			D	
					Yes	No		Yes	No	Yes	<u> </u>	10	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Х

Schedule K (Form 990) 2014 Page **2** Part IIII Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Χ Х Χ of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 % 0 % 0 % 0 % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 0 % 0 % 0 % 0 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 0 % 0 % 0 % 0 % Does the bond issue meet the private security or payment test? 7 Χ Χ Х Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Χ ıssued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections C 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В С D 1

		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х		X		Х
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X		Х		Х		Х
b	Exception to rebate?		Х		Х	Х		Х	
С	No rebate due?	Х		Х			Х		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•				
3	Is the bond issue a variable rate issue?	Х		Х			Х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		Х			X		Х
b	Name of provider	BANKOFA	MERICA	BANKOFAM	1ERICA				
С	Term of hedge		18 0		30 0				
d	Was the hedge superintegrated?		Х		Х				
e	Was the hedge terminated?		Х		Х				
		-	-				Sci	hedule K (Forn	n 990) 2014

Part IV Arbitrage (Continue	Part IV	Arbitrage	(Continued
-----------------------------	---------	-----------	------------

Return Reference

	<u> </u>	Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		×		Х
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		x		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		×		X	

Part V Procedures To Undertake Corrective Action

	Α	Α		В		С		
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Explanation

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part IV, Line 2c-07/03/2008 22,935,000 RIHEBC Date of last rebate computation was 7/2/2014 2008A

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 08/28/2008 38,000,000 RIHEBC 2008B	Date of last rebate computation was 8/27/2014

(Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2014

DLN: 93493137012056

Open to Public

	nal Revenue Service	F information	on about Schedule	K (Form 990) and i	ts instruction	s is at <u>w</u>	vww.i	rs.gov/fori	<u> 11990</u> .				Inspec	tion	
	e of the organization									Em	ployer id	lentifica	ation nun	ıber	
	GER WILLIAMS UNIVERSITY									05	-02772	222			
Pa	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descriptio	n of purpose	(g) De	feased	(h)	On	(i)	Pool
	(a) Issuel Hame	(2) 133461 2111	(3)	(4) 5 4 (5) 4 (4)	(4) 13346	price	``	, Descriptio	ii oi puipose	(9) 50	(g) Deleased		alf of uer		ncing
										Yes	No	Yes	No	Yes	No
A	RIHEBC 2013A	52-1300173		10-29-2013	21,67	75,000	Refun	nd 2003 Bon	ds		Х		X		Х
В	RIHEBC 2014	52-1300173		10-24-2014	15,66	7,000	Refun	nd 2006 Bon	d		Х		X		Х
Pa	rt III Proceeds														
						A		E	3		С			D	
1	A mount of bonds retired						0		0						
2	A mount of bonds legally de	feased					0		0						
3	Total proceeds of issue					21,675	,000		15,667,000						
4	Gross proceeds in reserve	funds					0		0						
5							0		0						
6	Proceeds in refunding escrows				21,393	,343		15,176,487							
7	Issuance costs from proceeds			281	,657		170,438								
8	Credit enhancement from p	roceeds					0		0						
9	Working capital expenditure	es from proceeds					0		0						
10	Capital expenditures from p	proceeds					0		0						
11	O ther spent proceeds						0		320,075						
12	O ther unspent proceeds						0		0						
13	Year of substantial complet	tion			20	13		20	14						
					Yes	No	,	Yes	No	Yes	r	No	Yes		No
14	Were the bonds issued as p	part of a current refund	ing issue?		Х			Х							
15	Were the bonds issued as p	part of an advance refu	ndıng ıssue?			Х			Х						
16	Has the final allocation of p	proceeds been made?			Х			Х							
17	Does the organization main allocation of proceeds?	ntaın adequate books a	nd records to sup	port the final	Х			Х							
Pai	TIIII Private Business	s Use			•	•	'				•				
						Ą		E			С		D		
	Was the see			I C subset	Yes	No	<u> </u>	Yes	No	Yes	1	No	Yes	+	No
1	Was the organization a part property financed by tax-ex	•	ra memperofan l	LC, which owned		Х			Х						

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Par	Private Business Use (Continued)									
				A		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private to food-financed property?		Х			х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?			x						
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the financed									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			0 %		0 %		1		•
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			1 21 %		0 %				
6	Total of lines 4 and 5			1 21 %		0 %				
7	Does the bond issue meet the private security or payment test?			Х		X				
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х		х				
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 9	sections								
9	Has the organization established written procedures to ensure that all nong bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Par	t IV Arbitrage						,			
		А	_		В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х		×					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		Х					
b	Exception to rebate?	Х		Х						
С	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			•		•				
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
	Was the hedge terminated?									

Part IV Arbitrage (Continued

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		х				
7	Has the organization established written procedures to monitor the requirements of section 148?	x		x					

Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Explanation

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). Part VI

10/29/2013 21,675,000 RIHEBC The University's Office of General Counsel reviews any management and service contracts relating to the financed property for private use concerns

Schedule K, Part III, Line 3b-2013A

Return Reference

DLN: 93493137012056

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name	of the of	yanızatıdı
ROGER	WILLIAMS	UNIVERSITY

Internal Revenue Service **Employer identification number** 05-0277222 Part I Types of Property

		Check If applicable	Number of contributions or items contributed	Noncash contributio amounts reported oi Form 990, Part VIII line 1 g	n	Method of a noncash contri		_	nts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes	X	1	15,0	00 FI	٩V			
8	Intellectual property								
9	Securities—Publicly traded .								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other► (Х	1	24,5	42 FI	4 V			
Com	puter Equipment)	_							
26	O ther ►()								
27	O ther ▶()								
28	O ther ▶ ()								
29	Number of Forms 8283 received by the for which the organization completed ${\sf F}$				29				0
30a	During the year, did the organization	receive by (contribution any property i	reported in Part I, lines	1 thi	rough 28, that		Yes	No
	ıt must hold for at least three years f	rom the date	e of the initial contribution	, and which is not requ	ired to	be used			
	for exempt purposes for the entire ho	ldıng period	?				30a		No
b	If "Yes," describe the arrangement in	Part II							
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard	conti	ributions?	31	Yes	
32a	Does the organization hire or use this contributions?	d parties or	related organizations to s	solicit, process, or sell	nonc:	ash 	32a		No
h	If "Yes," describe in Part II								
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column ((a) ıs	checked,			
or D	anerwork Reduction Act Notice see the I	netructions	for Form 990	Cat No. 512271		Schedule M	/Eorm	. 000)	(2014)

3 + 4	Supplemental Information. Provide the information required by Part I, lines 30b,
	32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
	number of items received, or a combination of both. Also complete this part for any additional information.

	cerved, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
Schedule M, Part I	The number in column (b) is the number of contributions

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493137012056

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization ROGER WILLIAMS UNIVERSITY

Employer identification number

05-0277222

Return Reference	Explanation
Ш	Line 1 Roger Williams University's core purpose is to strengthen society through engaged teaching and learning. We inspire and educate students to lead fulfilled lives by ensuring they acquire and develop the knowledge, skills and habits of mind necessary to become reflective, responsible individuals who interact with society in mutually rewarding ways.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Trustees Mario Gabelli and Richard Bready have a business relationship

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	IRS Form 990 is prepared by the Controller, VP for Accounting and Treasury Management and the Executive VP for Finance and Administration, along with assistance from the University Office of General Counsel. The completed Form 990 and schedules, along with relevant back up, are provided to an independent accounting firm for review. Upon completion, the form is provided to the Audit Committee of the Board of Trustees for review, discussion and approval. The completed and approved Form 990 is then sent to all members of the Board of Trustees prior to filing with the IRS.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Trustees, officers, key employees and managers are all required to annually (or more frequently in the event of a new potential conflict) disclose any potential conflicts of interest by completing a conflict of interest disclosure form. These disclosures are collected by the Office of General Counsel and provided for vetting to 1) the full Board of Trustees for Trustee disclosures, 2) the President for officer and senior management disclosures, or 3) senior management for down-line key employees and managers. The University's Conflict of Interest Policy and by-laws both contain provisions that provide for individuals with actual and potential conflicts to refrain from participating in discussion of, and voting on, matters where such conflicts exist.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The compensation for the University's President is contractually set and is reviewed by the Executive Committee and the Board of Trustees, all members of which are independent of the President. The Executive Committee's review currently includes, but is not limited to, the use of comparability data and other outside consultants. The process for determining compensation for the University's other officers or key employees includes a review by the University's President, who is independent of the other officers or key employees. The President's review currently includes, but is not limited to, the use of comparability data and other outside consultants. In addition, the compensation of officers and key employees falls within the parameters of the University's non-aligned merit compensation program that is approved by the Board of Trustees on an annual basis.

Return Reference	Explanation		
Form 990, Part VI, Section C, Line 19	Governing documents are available in part through the Rhode Island Secretary of State's office. The University's bylaws and Conflict of Interest Policy governing employees and the corresponding disclosure form are available on the University's website. Audited financial statements are not publically available.		

Return Reference	Explanation
	Change in fair value of interest rate swaps \$81,701, change in value of split-interest agreements (\$13,089) less miscellaneous rounding on balance sheet of (\$647)

DLN: 93493137012056

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

ROGER WILLIAMS UNIVERSITY

(Form 990)

Employer identification number 05-0277222

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	(g) tion 512(b)) controlled entity?	
						Yes	No	
(1) Roger Williams University School of Law 10 Metacom Road Bristol, RI 02809 05-0465628	Law Grad School	RI	501(c)(3)	2	N/A		No	

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4	
	because it had one or more related organizations treated as a partnership during the tax year.											
											$^{-}$	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

chedule K (Form 550) 2014				P	age 3
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, line	e 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>	Yes	1
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
m Performance of services or membership or fundraising solicitations by related organization(s)			1n	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			1 q		No
r Other transfer of cash or property to related organization(s)			1r	+	No
s Other transfer of cash or property from related organization(s)			1s	Yes	;
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolve	ed
	1	I			

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**